



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 23 2017

Ms. Sherry Kelly,
CEO
Sugar Valley Lodge, Inc.
323 Causeway Drive
Franklin, Pennsylvania 16323

RE: Sugar Valley Lodge (Polk)
196 Church Street
Polk, Pennsylvania 16342
Certificate #: 445490

Dear Ms. Kelly:

As a result of the Department of Human Services' annual licensing inspection on May 26, 2017 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SUGAR VALLEY LODGE POLK		License Number: 44549
Address: 196 CHURCH STREET, POLK, PA 16342		County: Venango
Administrator: Sherry Kelly		Region: WEST
Legal Entity Name: SUGAR VALLEY LODGE INC		
Legal Entity Address: 323 CAUSEWAY DRIVE, FRANKLIN, PA 16323		
Certificate(s) of Occupancy R-4 02/04/2014 Labor & Industry		RECEIVED JUL 14 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: N/A Total Daily Staff: 14 Waking Staff: 11		
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/26/2017: Park, Beth; Pfaff, Vicki		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 15 Number of Residents Served: 14 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 6 Have Mental Illness: 12 Have an Intellectual Disability: 10 Have a Mobility Need: 0 Have a Physical Disability: 0	

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Violation Report: 44549 - 05/26/2017 - Park, Belh
PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

There were no eye coverings in the first aid kit located in the medication room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Eye Coverings had been taped to the top of the first aid box but had fallen off. The eye covering is now inside the first aid kit.

Monthly checks for first aid kits have been incorporated into our plan. The Administrator and Director of Nursing will be responsible for doing the check and documentation. To ensure the required contents are in the first aid kit. MS 9/19/17

See Attached List.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherry Hulley

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Sherry Hulley Administrator

Date 7-5-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

9/19/17
(Date)

Plan of correction implementation status as of

9/19/17
(Date)

The above plan of correction was approved by

MS
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 14 2017

Violation Report: 44549 - 05/26/2017 - Park, Beth
 PCH Name: SUGAR VALLEY LODGE POLK

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2's May 2017 medication administration record does not include Milk of Magnesia - take 30cc a day as needed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The order for milk of magnesia was located and the pharmacy was notified of the error. med was documented. The Director of Nursing will review MAR'S and compare mar's month to month to ensure all meds are listed correctly from the pharmacy. Also part of the review is a 90 day review in which the physician also reviews medications and signs. milk of magnesia is documented on MAR.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sherry Kelly

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Sherry Kelly Administrator

Date *7-5-17*

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The above plan of correction is approved as of 9/19/17
 (Date)

Plan of correction implementation status as of 9/19/17
 (Date)

The above plan of correction was approved by MS
 (Initials)

- Fully Implemented
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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44549 - 05/26/2017 - Park, Belh
PCH Name: SUGAR VALLEY LODGE POLK

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 4/21/17, is incomplete and does not indicate the degree or description of need in several areas to include:

- *eating
- *drinking
- *transferring in/out of bed/chair
- *toileting
- *bladder management
- *bowel management
- *personal hygiene

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 assessment was completed and reviewed.
(Corrections were made - See attached)

The assessment had not been reviewed by the Administrator before being filed. Part of our Qm Plan is an Annual Reviews Team to review All OME, MASL, and RASPs when due. Resident #1 assessment had not been reviewed. To prevent this from happening again the Administrator made a chart of resident along with the dates each resident is due for Annual paperwork. This form will be reviewed/updated weekly ^{by a designated staff person} to ensure all MASL, OME's, RASPs are completed before + reviewed before filing.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Sherry Heeley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Heeley Administrator* Date *7-10-17*

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The above plan of correction is approved as of 9/19/17 (Date)

Plan of correction implementation status as of 9/19/17 (Date)

The above plan of correction was approved by MS (Initials)

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Violation Report: 44549 - 05/26/2017 - Park, Beth
PCH Name: SUGAR VALLEY LODGE POLK
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
Resident #1's support plan, dated 4/21/17, is incomplete and does not identify the frequency of services or the responsible party for several needs including:
*ambulating
*doing laundry

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
Resident #1 Support Plan was Completed and Reviewed. See Attached.
The RASP had not been reviewed by the Administrator at our weekly Annual Reviews Team meeting before being filed. As a result of this RASP being missed, the Administrator created a List (chart) of Residents and the dates they are due for Annual forms. This chart will be reviewed weekly ^{by a designated staff person MS 9/19/17} at the meetings to verify the Administrator has reviewed + documented a complete RASP.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Sherry Kelley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Kelley Administrator* Date *7-10-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/19/17</u> (Date)	Plan of correction implementation status as of <u>9/19/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented